



P22598.a07.wpd

#19 / Oral Hearing  
Sharon

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appellants : Konstanze SAATHOFF et al. )  
 ) Group Art Unit: 3723  
Appln. No. : 09/554,343 )  
 ) Examiner: D. Meislin  
Filed : September 14, 1999 )  
 )  
§ 371 Date : December 6, 2000 )  
 )  
For : MOTOR-DRIVEN SCREW DRIVER

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MAR 12 2003

TECHNOLOGY CENTER R3700

**REQUEST FOR ORAL HEARING**

Commissioner of Patents and Trademarks  
Washington, D.C. 20231

Sir:

Pursuant to 37 C.F.R. 1.194, Appellants respectfully request an Oral Hearing in the above-identified Appeal. The statutory fee of \$ 140.00 is enclosed herewith, and this letter is being submitted in triplicate.

The Commissioner is hereby authorized to charge any underpayment or credit any overpayment to United States Patent and Trademark Office Deposit Account No. 19-0089.

Respectfully submitted,  
Konstanze SAATHOFF et al.

Neil F. Greenblum  
Reg. No. 28,394

#35 8/3

March 10, 2003  
GREENBLUM & BERNSTEIN, P.L.C.  
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Reston, VA 20191  
(703) 716-1191

03/11/2003 NMDHAMM1 00000033 09554343

01 FC:2403

140.00 DP



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AF 13723  
\$

Attorney Docket No. P22598

In re application of Konstanze SAATHOFF et al.

Serial No. : 09/554,343 Group Art Unit: 3723

Filed : September 14, 1999 Examiner: D. Meislin

For : MOTOR-DRIVEN SCREW DRIVER

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THE COMMISSIONER OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

TECHNOLOGY CENTER R3700

Sir:

Transmitted herewith is a Reply Brief Under 37 C.F.R. 1.193(b)(1)(in triplicate) in the above-captioned application.

- ☒ Small Entity Status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a previously filed statement.  
☐ A verified statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.  
☐ A Request for Extension of Time.  
☐ No Additional Fee.  
☒ Request for Oral Hearing (in triplicate).

The fee has been calculated as shown below:

Claims After Amendment	No. Claims Previously Paid For	Present Extra	Small Entity		Other Than A Small Entity	
			Rate	Fee	Rate	Fee
Total Claims: 18	20*	0	x 9=	\$0.00	x 18=	\$
Indep. Claims: 1	*3*	0	x 42=	\$0.00	x 84=	\$
Multiple Dependent Claims Presented			140=	\$0.00	+280=	\$
Oral Hearing Fee				\$140.00		\$
Total:				\$140.00	Total:	\$

\*If less than 20, write 20

\*\*If less than 3, write 3

- ☐ Please charge my Deposit Account No. 19-0089 in the amount of \$\_\_\_\_.  
☒ A Check in the amount of \$ 140.00 to cover the oral hearing fee is included.  
☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-0089.  
☒ Any additional filing fees required under 37 C.F.R. 1.16.  
☒ Any patent application processing fees under 37 C.F.R. 1.17, including any required extension of time fees in any concurrent or future reply requiring a petition for extension of time for its timely submission (37 CFR 1.136)(a)(3).

Neil F. Greenblum  
Reg No. 28,394

AF 135,813